Walking the CLER Pathways to Excellence by Involving Resident Physicians in a Safety Culture

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BACKGROUND

The ACGME Clinical Learning Environment Review (CLER) program encourages clinical sites to engage residents in learning to provide safe, high quality patient care. One of the six "Pathways to Excellence" delineates pathways for enhancing resident education about Patient Safety.

PROJECT AIM

Pre-existing departmental conferences were revised to incorporate the Patient Safety (PS) Pathways, and to more fully engage residents in the safety culture.

PROJECT DESIGN

Quality and Safety Conference (Q/S) (monthly)

- Residents on the inpatient team present a safety event or near miss from their inpatient experience.
- The lead senior resident describes an intervention relevant to one event.
- All residents are tasked with entering events into the system-wide safety net.

Morbidity/Mortality Conference (M&M) (quarterly)

- Chief residents address core safety topics, focus on sentinel events from across the department, and more fully review the events on the inpatient service.
- Residents and faculty discuss and analyze errors openly.

RESULTS/OUTCOMES

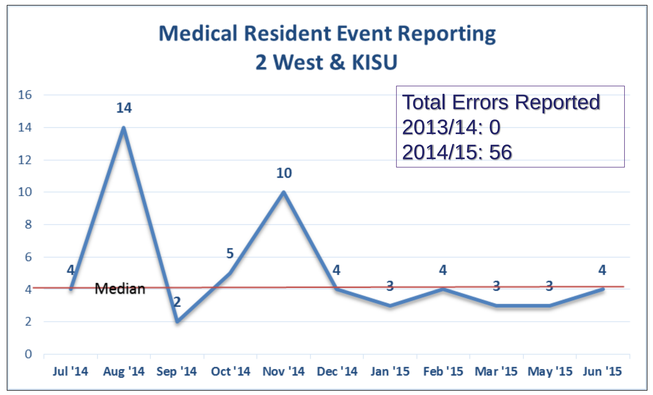
Through these initiatives, residents have demonstrated progress in achieving the PS Pathways:

- PS1: All residents verbally report events during Q/S conference. The institution has documented increased reporting into the system-wide safety net by pediatric residents
- PS2: Open discussion and follow-up regarding analysis of errors and proposed interventions provides education for residents
- PS3: Discussion occurs in a supportive, non-punitive manner.
- PS4: Residents and Faculty participate in group analysis of events during M&M Conferences
- PS5/6: The clinical site monitors resident reporting into the system-wide safety net, and analyzes types of errors reported. Participation in M&M and Q/S conferences is tracked.
- PS7: Open discussion at M&M and Q/S Conference includes comment about disclosure of events to the family.

LESSONS LEARNED

As a result of resident-led safety conferences, residents are:

- More often recognizing and reporting safety events
- Participating more frequently in discussions about safety
- Increasingly motivated to become involved in QI initiatives
- Discussing errors openly in multiple settings



PATIENT SAFETY Pathway to Excellence ***(ACGME CLER Program)***

Types of Medical Errors	# of Errors
Diagnostic Errors:	
Error or delay in diagnosis	4
Failure to employ indicated tests	5
Treatment Errors:	
Error in the performance of an operation, procedure or test	3
Error in administering treatment	2
Error in dose or method of using a drug	8
Avoidable delay in treatment or in responding to abnormal test	20
Inappropriate (not indicated) care	4
Preventative Errors:	
Failure to provide prophylactic treatment	6
Inadequate monitoring or follow-up of treatment	5
Other:	
Failure of communication	46
Equipment failure	7
Other system failure	12

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